DOCUMENT RESUME

ED 318 979 CG 022 526

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TITLE A School Crisis Network: A School and Mental Health Cooperative Effort.
PUB DATE Mar 89
NOTE 23p.; Paper presented at the Annual Meeting of the National Association of School Psychologists (21st, Boston, MA, March 28-April 2, 1989).
PUB TYPE Reports - Descriptive (141) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Cooperation; *Crisis Intervention; Elementary Secondary Education; *Mental Health; *School Community Relationship; *School Psychologists; *Student Needs

ABSTRACT

The School Crisis Network is an organization founded in Charlottesville, Virginia by a group of practitioners in the community, local mental health agencies, and school personnel to address the needs of local school systems during times of crisis. It represents a unique cooperative effort between mental health professions and the school system which offers school psychologists a means to go beyond building limitations by using available community resources to provide support and intervention for staff and students during emergencies. Since its inception over 2 years ago, the Network has provided support to schools in dealing with the immediate aftermath of student suicides, accidents, and the deaths of parents with school-age children. This paper describes the School Crisis Network and the importance and development of the relationship between schools and the communities they serve. A number of major components that have contributed to the success of this model are reviewed, including the routine followed during a crisis situation; the mechanism used to coordinate the school administration, building level staff, and outside volunteers; and the education and training provided by the School Crisis Network. The paper concludes that the School Crisis Network has proved to be effective in providing organizational and professional support to local school systems during times of crisis. (NB)

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A SCHOOL CRISIS NETWORK:

A SCHOOL AND MENTAL HEALTH COOPERATIVE EFFORT

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CG 022526

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A School Crisis Network:
A school and mental health cooperative effort

Crisis intervention has become an increasingly important service in the schools. The rise of adolescent suicides and other self destructive behaviors, which are all too often expressed in the school environment, require a response from school staff to insure the safety of students. Other stresses to the school environment brought about by deaths of parents or faculty, accidents involving schools children, and even natural disasters also require a well conceived response. The disorganizing impact of crises on learning and classroom performance are important issues which must be addressed if we are to adequately meet the emotional needs of children.

Schools have been viewed as having a unique position to address student crises because of the amount of time that young people spend in the educational setting (Nelson & Slaikeu, 1984). This offers opportunities for school staff to observe and monitor behavioral changes which often reflect the crisis that a student is experiencing. Also, the school setting offers a chance to carry out interventions within the context of problem situations, which may hold valuable potential for enhancing effectiveness and promoting future growth and development. However, existing limitations on time, resources and available funds often prevent school psychologists from taking advantage of these opportunities in providing crisis intervention services.

With regard to the organization of intervention resources, an issue that has been raised in dealing with suicidal crises in the schools is the use of "inside" versus "outside" intervention teams (Ruof, Harris, & Robbie, 1987). There are several advantages to the use of existing staff within the building to intervene with students. These include their availability to students and other staff, prior knowledge of individual students, and better ability to assess and monitor student adjustment through regular contact. However, major disadvantages of using inside teams include the limited number of available, trained adults to carry out interventions within buildings and the regular duties which already require the full attention of the staff.

This paper describes a program which is a unique cooperative effort between mental health professions and the school system in a small urban area. The program offers a means for school psychologists to go beyond building limitations by using available community resources to provide support and intervention for staff as well as students during emergencies. This model offers a means to expand the available resources and organize community involvement, while maintaining flexibility with regard to the level of outside involvement. In some cases (at the discretion of school personnel) professionals from the community can provide direct intervention services in buildings that would otherwise have very limited resources for dealing

with emergencies. On other occasions, involvement of these outside professionals might be minimal, consisting only of consultation or counseling services which are an adjunct to existing building level crisis team activities. This flexibility enables schools to benefit from the expertise available beyond the building staff, while maximizing the benefits of using internal crisis intervention teams whenever possible. This model also allows for flexibility in the level of community involvement depending upon the nature and severity of each crisis situation.

The School Crisis Network is an organization founded in Charlottesville, Virginia by a group practitioners in the community, local mental health agencies and school personnel to address the needs of local school systems during times of crisis. Situational crises, such as those brought on by the unexpected death, suicide or injury of a classmate or significant adult, or natural disasters often have an broad impact on the student population. These types of crises particularly require resources beyond those typically found in the schools. Since its inception over two years ago, the Network has provided support to schools in dealing with the immediate aftermath of student suicides, accidents, and the deaths of parents with school age children. Supported by the local school districts, a united way family service agency, the hospice, the community mental health center, the University of Virginia and private practitioners, this group of nearly 60 individuals has had significant impact

on the creation and implementation of postvention and prevention strategies.

This paper will describe an important and increasingly necessary relationship between schools and the communities they serve. The current model has been successful in producing good results and a continuing cooperative spirit between local schools and community agencies. The development of this relationship through the School Crisis Network will be described, and a number of major components which have contributed to the success of this model will be reviewed in this paper.

Development of the School Crisis Network

The School Crisis Network was conceived following the accidental death of a student over two years ago. At that time there was no systematic strategy in place for dealing with the death the next day in school, and local professionals were asked by school staff to help. As a result of this experience, schools recognized the need for a closer relationship with members of the local mental health community. And, professionals from the community realized the need to clarify what their role should be within the schools.

During two subsequent crises, both occurring on the same day, when a student was killed in a motor vehicle accident and a terminally ill student died, community help was again summoned. This time professionals going into the school worked with the principals to develop a more extensive intervention plan for

each case, which seemed to be particularly effective. Following these incidents, with support from the local school systems, a steering committee was formed and a proposal for a school crisis network was written.

The proposed network was based on the previous crisis experiences, which had brought out the importance of developing a uniform protocol to improve the effectiveness of future intervention in the schools. Within this framework the network organized community resources to provide services that could include consultation, on site individual or group crisis counseling, inservice on general topics related to crisis intervention, and individual or group follow up on bereavement and loss. This proposal was then presented to two local school systems serving contiguous geographic areas. Following administrative approval, the network was established.

The School Crisis Network is coordinated by a four person panel of local mental health professionals representing the hospice, the crisis intervention service of the community mental health agency, the director of a family service agency supported by the United Way charities, and a member of the University of Virginia faculty who directs a training clinic and coordinates service of private practitioners. This steering committee has worked closely with the directors of pupil personnel, superintendents and principals in the school system to develop a system of communication which allows the school administration

to call upon community resources only as needed in a time of crisis. This system will be described further below. The steering committee has been in charge of recruiting and training the members of the Crisis Network, some of whom are school personnel.

Network members were recruited by letter from all parts of the school and mental health community. Volunteers were asked to participate in an estimated 10 hours of training during the first year of the project, and to be available to assist with crisis counseling in the schools in the event of an emergency. In addition, the participants were asked to submit credentials and proof of liability insurance, agree to follow the Network protocols and procedures, and make a two year commitment to the project. The response was quite positive, with over 60 professionals volunteering to participate in the project the first year.

The steering committee arranged for training for Network volunteers, which will be described further below. Two initial training sessions were held, and a mock event was conducted in a local high school during a teacher work day. Then an extensive evaluation was conducted. Unfortunately the first major crisis occurred within three days of the last training event. Over the period of the next 18 weeks the Network dealt with seven crises taking over 300 hours of volunteer time.

Network Organization

Several major components share responsibility for the success of this intervention model. One component has to do with what is routinely done during a crisis situation. A second which will be reviewed is the mechanism used to coordinate the school administration, building level staff and outside volunteers. The third component is the education and training provided by the School Crisis Network. Network volunteers are used to share expertise in the form of consultation and inservice with the schools in non-crisis time. Such inservice includes the creation of prevention programs as well as the provision of general information on crisis management and training of building level crisis teams.

Basic guidelines for managing a crisis situation are obviously very important in determining the effectiveness of interventions. General procedures for the Network were formulated through the review of basic crisis management techniques and examination of the effectiveness of specific procedures used during the previous school crises. The following are some of the procedures which were identified.

Initial collection of available information regarding the situation is viewed as critical in effectively managing the crisis. Previous experience had supported the importance of having accurate information to assess the situation and address rumors which easily spread through the school population.

Information had been effectively updated during the crisis by identifying an individual to serve as a central contact person to receive information as it becomes available.

A specific intervention plan for managing the situation also must be devised. This includes decisions regarding the allocation of building space for counseling with students, assignment of internal and external staff, modifications in the daily schedule, and support for faculty and staff. Plans must be made for informing faculty, students and parents. In previous experience teachers preferred notification as soon as possible, especially those who were involved with students most directly affected by the crisis. Modification of the daily schedule by extending the initial period of the school day had previously proved to be the best way of informing students of the situation. This avoided misinformation which otherwise occurred as the day progressed, provided the opportunity for students to express their reactions, and allowed for structured discussion of the situation in a supportive setting. Concrete suggestions for teachers regarding their role in assisting students experiencing crises were also recommended. Additional support had also been provided through the availability of community crisis workers to assist in directing classroom discussions at the request of teachers. This had proved to be very helpful for teachers who felt uncertain in managing the situation.

The intervention plan must also address methods for

identifying students needing more intensive support. Such questions as how these students will be identified, how they will be removed from class, and assessment regarding their individual needs all must be considered. There must be some mechanism in place for deciding which students should receive individual counseling and who might benefit from group support, when parents should be contacted, and how referrals for more intensive intervention outside of the school should be made. With regard to group intervention in the previous crises, smaller groups consisting of three to five students had been most effective in controlling contagion.

Finally, the importance of monitoring the intervention plan through periodic reassessment has been essential in carrying out effective interventions. Monitoring enables the team to incorporate new information as it becomes available and facilitates the implementation of modifications in the intervention as they are necessary. Reassessment at mid-day had previously been conducted with relative ease, and had provided a good opportunity to make decisions regarding the return to the regular school routine. Development of pre-existing administrative procedures which would be available in the event of a crisis was also encouraged to facilitate immediate action of the Network and eliminate unnecessary confusion during emergencies.

Coordination of the school administration, building level

staff and the outside volunteers has been a critical component ensuring the focus of Network resources on the crisis situation itself rather than organizational issues. In the initial proposal the role of the Network participants and school system responsibilities were clearly delineated. From the beginning the Network was defined as an adjunct to existing school resources. Responsibilities of Network participants included following the crisis procedures approved by the school system as well as school policy regarding confidentiality. The responsibilities of the school system included the provision of the following: (a) sufficient information regarding the crisis situation and advance notice when possible, (b) access to students/staff, (c) available meeting space and telephone access, (d) modifications in daily schedules as needed, and (e) building level staff inservice on crisis resolution and loss. In addition, a liaison was identified to facilitate communication between the school and Network participants and to help coordinate activities.

Specific procedures for utilizing Network resources were also identified. These procedures clarify the school's responsibility for initiating Network involvement in the crisis situation. However, once the Network is formally involved the procedures outline the coordinator's role in making critical crisis management decisions. The procedures include the following steps:

1. The building principal or designee assesses the intensity of the crisis.
2. Contact with the Network coordinators is made by the principal if community assistance might be needed to manage the crisis.
3. The principal and Network coordinator assess the situation to determine the extent to which available resources should be mobilized. These can range from consultation and education to individual or group counseling with students and follow-up bereavement/loss groups.
4. Notification of the superintendent by the principal or designee that the Network has been called into service. The phone chain is also activated by the Network coordinator to notify the participating volunteers of the situation.
5. On-site meeting of volunteers with principal and Network coordinator for briefing on the situation.
6. Termination of the community involvement as decided by the principal in consultation with the Network coordinator.
7. Debriefing of participants within 24 hours (by the Network coordinator). At this time plans for any follow up services are also made.

With these procedures the school administration has direct

input in determine the extent of the Network involvement. At a minimal level phone or on-site consultation is available for the administrator to discuss ways of assisting staff and/or students to cope with the crisis or an anticipated trauma. More direct service through on-site individual or group counseling conducted by Network volunteers during the immediate crisis situation is also available. Educational services, which consist of information for faculty/staff, students, or parents on general topics of loss, death, adjustments to trauma, and suicide, are also available. These can be scheduled as routine, annual presentations or as issues related to an anticipated or recent trauma arise. Finally, follow-up bereavement/loss work consists of on-site single or series of follow-up group sessions for students or staff who are coping with the normal stress created by a major loss.

During the course of the intervention the Network coordinator serves as the central person who actively monitors the situation. Any concerns, requests or progress reports regarding new developments which arise in the situation are communicated to the coordinator by the intervention participants. Prior to leaving the building, the coordinator and the school staff exchange information necessary for the school to follow-up any students at risk. During the intervention period, students who are seen by Network members or school personnel are recorded on a master list and marked for level of risk. Usually students

fall into categories of those needing immediate intervention, those who are in need of ongoing counseling and those who might need to be monitored by school personnel. In the case of all of those so identified, parents are notified by school personnel of their concern and suggestions of actions which might be taken are made to the parents. Network members who are not staff in the school work through the school to make contacts with parents, they never act independently without knowledge of the school personnel in charge (almost always the building principal).

Members of the School Crisis Network also provide support services to members of the school faculty and staff. Often these personnel are upset over the crises as well and may need support or even referral to outside professionals. Especially in the case of suicides of students, the teachers and staff often feel responsible or guilty and benefit from the opportunity to interact with members of the crisis team.

Communication with parents is also a concern of Crisis Network members. In addition to contacting parents of children at risk directly, the Network provides information which the school can send home to parents which might be of use. In the case where a death has occurred, for instance, there is often a mailing sent home to parents designed by the local hospice. This consists of a list of signs and symptoms relating to the grieving process which might be noticed by parents and some brief instructions on how to recognize and deal with the grief process.

It is often important to directly communicate information to parents (especially in elementary and middle school settings) regarding to actual circumstances of the death and funeral arrangements and the school's position (if there is one) regarding children's attendance at such services.

At all stages of the crisis work, parents of students who may be dead or injured must be considered. Their rights to privacy must be upheld. Information regarding what has happened needs to take these rights into consideration. Parents, for instance, may not want everyone to attend the funeral or know all circumstances regarding their child's death or injury. Rumors need to be squelched whenever possible, however the rights of family must also be respected.

At the conclusion of the intervention an evaluation of the Network services is completed by the building principal. And a written report of the Network involvement in the incident is completed by the coordinator within two weeks.

The third major component contributing to the success of the Network involves the educational resources, which include participant training and the inservice and consultation services available to the local school districts. The initial training sessions for Network volunteers covered information on crisis intervention theory, pertinent issues in child and adolescent development, and reactions by children and teens to loss and signs of bereavement. Following these initial sessions a mock

crisis event was held, during which teachers role played students and Network members responded to the hypothetical crisis. Annual training is also scheduled in the latter part of the school year.

In addition to the Network crisis procedures, the training included basic information regarding important areas of focus for intervention. Students' need for support from others in facing the crisis situation, and the importance of interventions in preventing feelings of isolation were stressed. Direction was also provided for participants in serving as models for students as they responded to the situation. And, in the schools the eventual return to normalcy by proceeding with the regular, predictable routine is essential to provide students the reassurance that life continues.

Other aspects of the training reviewed the stages of grief and normal responses to loss that the Network volunteers would most likely be seeing in student behavior. Pertinent developmental issues include children's sensitivity to disruptions in routine. Students also need assistance in expressing their feelings and accepting unpredictability in the world in order to develop greater acceptance of their feelings and fears.

To familiarize Network participants with basic crisis intervention techniques and Network procedures, crisis management approaches were discussed with the participation of

staff from buildings which had experienced the previous crises. This enabled all participants to learn from the previous experiences regardless of their level of involvement. Network guidelines, which were reviewed above, insured consistency among the participants assisting in the situations.

In addition, the initial training included a review of role of the Network participants within the school building. For those who did not have prior experience within the educational system, it was stressed that ultimately all work done within the school building is under the supervision of the principal, who has the final responsibility for all of the students. While a relatively minor point with regard to crisis management, this is critical to insure the receptiveness of administrators to the intervention of outside experts within the school building. And, the sensitivity of participants to the pre-existing building policies and procedures was a major factor affecting the degree to which they were received by the local school staff.

By stressing the role of the Network as an adjunct to existing system and building resources, participants were well aware of the need to coordinate their activities with those of the school staff. As Network volunteers are expected to coordinate their activities with school staff regarding students at risk, building staff must be available to facilitate the intervention activities of outside professionals. The school staff are expected to identify students and significant peers who

are most affected by the ongoing crisis, and to assist in the identification of significant peers who can help insure the effectiveness of interventions. In addition, building staff must assist Network participants in dealing with basic protocols which are inherent to the school environment.

Since the initial sessions further training has been provided on specific topics including grief and procedures for responding to adolescent suicide. Network participants have provided consultation and follow-up for buildings after crises have occurred. Education and training have been provided for the development of building level crisis teams. And, consultation and direct services have been available from the Network for developing prevention activities. The latter have included full day workshops for students regarding stress management techniques, and supervision of student leaders to provide direction in organizing consciousness raising activities. The results of these activities have been seen in some areas as the development of support groups for students coping with stress resulting from academic, family or peer pressures.

Ongoing Network Operation

In the second year that the Network has been formally operating the primary focus has been on further training and prevention activities. With a decline in the number of crisis situations which have occurred, more attention has been placed on further development of the available resources. Initial

training was conducted for new network members at the beginning of the school year, and the annual training session was conducted for all participants to reinforce the sense of group cohesion. Systemwide educational activities have been presented for school staff, and the Network has also continued to serve as a resource for developing prevention activities in the individual school buildings. And, perhaps most importantly is the reassurance that additional resources are available if an emergency arises.

At the end of the second year there has also been an increase in the number of building level crisis teams. In some respects, the Network has resulted in better communication among staff within the school systems. There also appears to be greater consistency in crisis services among buildings throughout the school community. The needs of students in times of crisis have become better recognized within schools and throughout the community.

Although there have been no statistics gathered to date on the effect of the Crisis Network on the occurrence of crises in the schools, the number of prevention efforts ongoing in both of the constituent systems has increased significantly since the previous year. The School Crisis Network has raised the level of awareness appreciably. The number of inservice presentations from school staff and Network consultants has increased and active efforts are being made to construct prevention programs at all levels and to educate parents more

fully. In one of the systems, each faculty member has been asked to attend workshops on dealing with stress (their own and their students') and identifying students who may be at risk.

The Role of the School Psychologist

School Psychologists have played an integral role in the functioning of the School Crisis Network. They serve during a crisis to provide service within their system to other school in need of support. This assignment is done by the school administrators at the time of the crisis. Although they often cannot work outside of their own system (liability insurance problems) they consult to their own schools and conduct and oversee much of the follow-up after the acute phase of the crisis has passed. In many of the schools they co-ordinate the building wide school crisis teams which serve to prepare for crises, train faculty and staff through inservices, and work to identify students who continue to be at risk following a crisis. In some schools, school psychologists serve on teams to identify students at risk for self-destructive and/or destructive behavior as well.

Summary

The development of a volunteer school crisis network in a small urban community (population 100,000) has proved to be effective in providing organizational and professional support to local school systems during times of crisis. Made up of school counselors, psychologists, and local mental health

professionals, the School Crisis Network has played a role in providing service in times or crisis when the school personnel are overwhelmed or when specific expertise is needed (e.g. dealing with a terminally ill child or the death of a parent). This Network is unique in that is called into action by the schools and represents a truly cooperative effort between schools and local mental health professionals and agencies.

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